PTO/SB/17 (02-07)
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Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num	ber	10/624,942-Conf. #7691					
FEE TRANSMITTAL				Filing Date		July 21, 2003				
				First Named Inv	entor	Marco Pappagallo				
For FY 2007				Examiner Name		J. M. Kim				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1617				
TOTAL AMOUNT OF PA	AYMENT	(\$) 790.00	•	Attorney Docket	No.	05986/100K504-US1				
METHOD OF PAYME	NT (check all	that apply)								
Check x Credit	Card	Money Order	Nor	ne Other (	please ide	ntify):				
Deposit Account De	sposit Account Nun	nber: 04-0100 De	posit Acc	ount Name:		Darby & Darby	P.C.			
For the above-ide	entified deposit	account, the Din	ector is	hereby authorize	d to: (che	eck all that apply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
	additional fee	(s) or underpaym	ents of	x Credit	any over	payments				
FEE CALCULATION	# 01 O1 IC 1.10	, and 1.11								
1. BASIC FILING, SEAR	CH. AND FXA	MINATION FEE!	<u> </u>		_					
		NG FEES		ARCH FEES	EXAMI	NATION FEES				
Au-Haaffan Tuna	For (6)	Small Entity	Fan /#	Small Entity	Eng (f)	Small Entity	F	Daid (Å)		
Application Type Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	Fee (\$ 500	1 <u>Fee (\$)</u> 250	Fee (\$) 200	Fee (\$) 100	<u> </u>	<u>Paid (\$)</u>		
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FEES		100	Ů	Ū	Ū	Ŭ		Small Entity		
Fee Description	,						Fee (\$)	Fee (\$)		
Each claim over 20 (inch	iding Reissues	s)					50	25		
Each independent claim of	over 3 (includi	ing Reissues)					200	100		
Multiple dependent claim	ıs						360	180		
Total Claims Extr	ra Claims	Fee (\$)	Fee F	Paid (\$)	<u> </u>	<u>fultiple Depende</u>	nt Claims			
11 - 20 =	_0x_				<u> </u>	<u>ee (\$)</u>	ee Paid (	<u>\$)</u>		
HP = highest number of lotal of			<b>.</b>	to total ratio		<del></del>		_		
I — —	ra Claims O ×	Fee (\$)	ree r	'aid (\$)						
HP = highest number of indep			3.							
3. APPLICATION SIZE F										
If the specification and of listings under 37 CFI	drawings exce R 1.52(e)), the	application size	fee du	e is \$250 (\$125 f	onically f or small (	iled sequence or entity) for each ac	computer iditional 5	0		
sheets or fraction the	reof. See 35 U	• • • • • • • • • • • • • • • • • • • •	•	, ,						
<u>Total Sheets</u>	Extra Sheets		each a	dditional 50 or frac		_	Fee	Pald (\$)		
-100=_		/50		(round up to a who	le number	) × :	• ——	D-1-1 (\$)		
4. OTHER FEE(S)	ation £120 6	ise (no emall antii	nı disə	sumt)			<u>rees</u>	Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37										
Omer (e.g., rate fitting	Juliaige).	oy i nequest it	л <b>С</b> ОП	ueu examiliat	ivii (NO	L) (SEC 01		,0.00		
SUBMITTED BY	1/1.	<del>/ /</del>		Registration No.						
Signature (	1 ///M	<b>5/</b>		(Attorney/Agent)	52,392	Telephone	(212) 52	:7-7700		
Name (Print/Type) Paul M.	Zagar ′	1				Date	June 5	, 2007		

AMENDMENT TRANSMITTAL LETTER							Docket No. 05986/100K504-US1		
Application No. 10/624,942-Conf. #7691		Filing	Examiner			Art Unit			
		July 21,	_	J. M. Kim	•	1617			
oplicant(s): Mar	co Pappagallo								
vention: TREAT	MENT OF SPI	NAL MECHAN	NICAL PAIN			_			
		THE COMMI							
ransmitted here					lication.				
he fee has beer	calculated and								
	Claims	Highest	S AS AMENI	ノにい		_			
·	Remaining After Amendment	Number Previously Pald	Number Extra Claims Present	_	Rate				
Total Claims	11	- 20 =	0	х	50.00		0.00		
Independent Claims	1	- 3 =	0	х	200.00		0.00		
Multiple Depend	lent Claims (che	eck if applicabl	e)						
Other fee (pleas	e specify):		_						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00		
x Large Entity					Small Entity				
x No additiona	ıl fee is require	d for this ame	ndment.						
	ge Deposit Acc			the ar	nount of \$		·		
A check in th	ne amount of \$		to cover	the filin	g fee is encl	osed.			
Payment by	credit card.								
X The Director as described	is hereby auth below. A dup					o. <u>04</u> -	0100		
x Credit a	ny overpaymen	rt.							
x @harge a	any additional fili	ng or applicatio	n processing t	ees req	uired under 3	7 CFR 1.1	6 and 1.17.		
NMA	A W				Dated:	June 5,	2007		
Paul M. Zagar Attorney/Agent	Reg. No.: 52,	392							
DARBY & DAR P.O. Box 770	BY P.C.								
Church Street S New York, New (212) 527-7700	York 10008-0	770							